

# Compensation of Hospital Employees

Calendar Year: 2014		Entity Name: Yakima Valley Memorial Hospital						
(A) Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D) Non- Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 Greg Sawyer			189,206		1,316,858	13,075	7,308	1,526,447
2 Dale S Olander		YVMH	252,008		272,777	17,838	13,639	556,262
3 Sandra Dahl		YVMH	243,010		283,809	15,890	10,330	553,039
4 Russell M Myers	X	YVMH	411,494	42,086	5,152	36,682	19,921	515,335
5 Richard Spiegel			296,960		5,852	15,293	14,222	332,327
6								0
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Community Health Systems/Hospital Financial and Charity Care Section

MS: 47853

Olympia, WA 98504-7853

email: [hos@doh.wa.gov](mailto:hos@doh.wa.gov)